

Welcome!

Addressing the Mental Health Crisis on College Campuses:

Practical Strategies For Higher Education Leaders

Featuring Special Guest:



Dr. Ryan Patel, D.O., FAPA
Senior Staff Psychiatrist and
Adjunct Clinical Professor
The Ohio State University



We are the most trusted leadership company in the world.

For over 30 years we've helped organizations achieve results that require collective behavior change.

Everything we do in **higher education** is designed to help you succeed in five key areas.

1

Empower **students** with career-readiness skills.

2

Develop **exceptional leaders** at every level.

3

Instill **Habits of Effectiveness** in every individual.

4

Build an inclusive, **high-trust culture**.

5

Use a common execution framework to pursue the **most important goals**.





Award-Winning Content

Courses are based on bestselling books, anchored in timeless principles, and used by leaders at Fortune 500 organizations.



Flexible and Easy

Integrate your LMS with access to a vast library of FranklinCovey course resources to use in-person or on-demand.



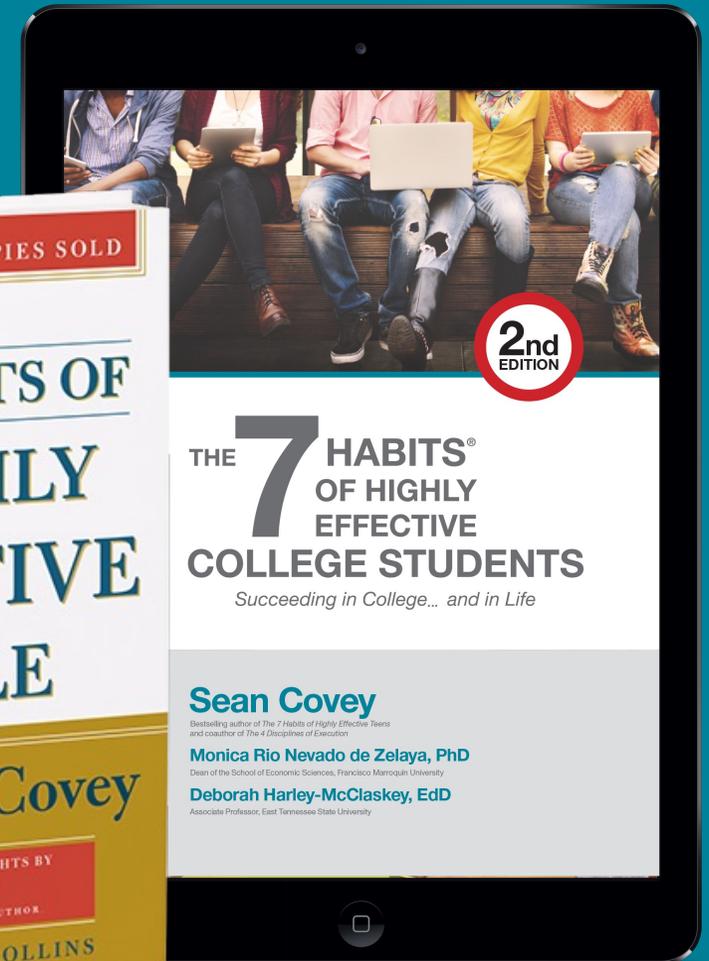
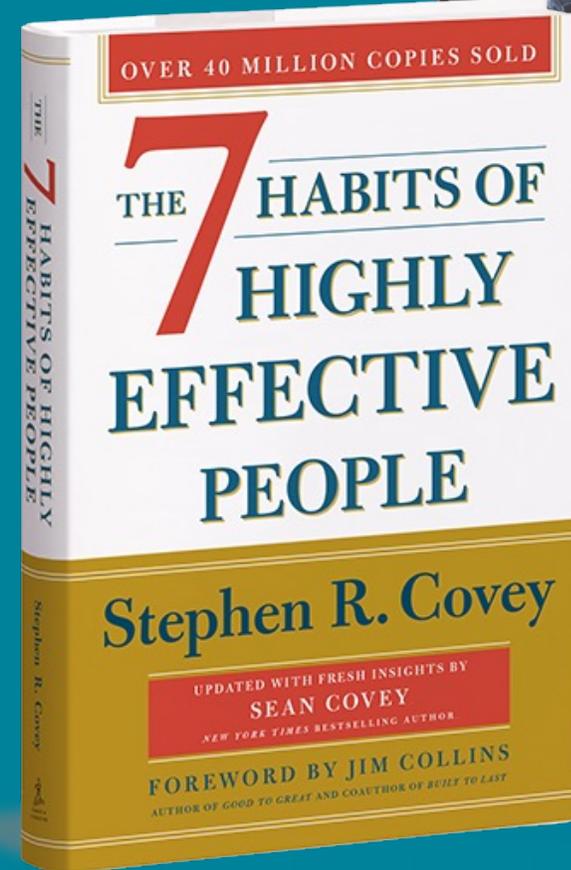
FranklinCovey Certificates

Students can earn a professional certificate that verifies the career skills they have learned to help them stand out in the job market.



THE 7 HABITS[®] OF HIGHLY EFFECTIVE COLLEGE STUDENTS

A life-changing first-year experience course that empowers students with timeless principles of personal effectiveness.



Addressing the mental health crisis on college campuses: Practical strategies for higher education leaders

Ryan Patel DO, FAPA

patel.2350@osu.edu

Objectives

- Mental health crisis on campus
- Culture of care
- Strategies that can be applied by university leadership, administration, faculty, staff, frontline college health professionals, department level, campus level, student body, campus community, parents, etc.

Mental health crisis

- During the 2020–2021 school year, more than 60% of college students met the criteria for at least one mental health problem ([Lipson, S. K., et al., *Journal of Affective Disorders*, Vol. 306, 2022](#)). (Healthy minds data, 273 campuses)
- In another national survey, almost three quarters of students reported moderate or severe psychological distress ([National College Health Assessment, American College Health Association, 2021](#)).

- <https://www.apa.org/monitor/2022/10/mental-health-campus-care>

- The number of students seeking help at campus counseling centers increased almost 40% between 2009 and 2015, and continues to rise.

Data from Penn State University's Center for Collegiate Mental Health (CCMH), a research-practice network of more than 700 college and university counseling centers (CCMH Annual Report, 2015).

- 1 in 3 college students experiences a mental health condition during their time in college
- Only 10% of college students seek treatment for mental health condition
- 58% of university presidents do not feel they have adequate mental resources on their campus.

- Compared with past generations, we are seeing more students on campus today have accessed mental health treatment before college.
- Stigma around mental health issues also continues to drop, leading more people to seek help instead of suffering in silence.

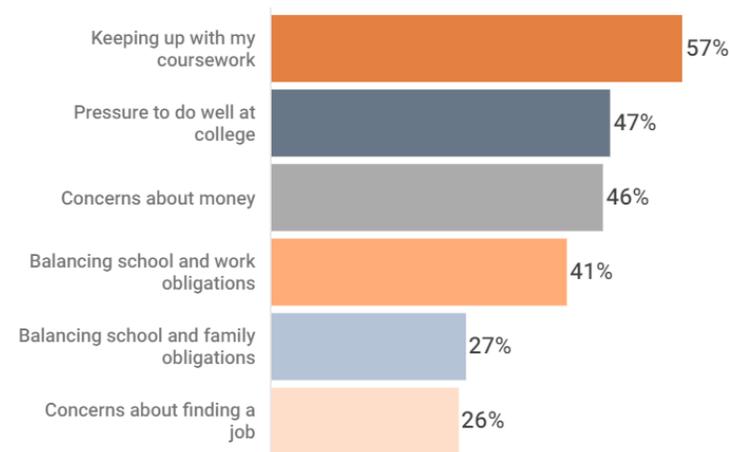
<https://www.apa.org/monitor/2022/10/mental-health-campus-care>

Large numbers of students experiencing mental health concerns, seeking treatment on campus, and many more not getting treatment. Campus resources are limited.

Factors impacting young adult mental health

Stressors Students are Struggling to Cope With Most

Top stressors students identify from the past month
(could select up to four out of 17, plus other or none)



ACHA survey, #1 factor impacting academic performance and retention is mental health

Other factors: adjustment to campus life to economic strain, social injustice, politics, mass violence, and various forms of loss related to COVID-19 → unhealthy life behaviors.

Ryan Patel DO, FAPA

<https://www.apa.org/monitor/2022/10/mental-health-campus-care>

Everyone → Collective impact/approach, Okanagan Charter for health promotion

The commitment of a group of important actors from different sectors to a common agenda for addressing a specific complex problem at scale.

“Collective Impact” by John Kania and Mark Kramer

Okanagan Charter: An International Charter for Health Promoting University and Colleges (2015):

1. To embed health into all aspects of campus culture, across the administration, operations and academic mandates.
2. To lead health promotion action and collaboration locally and globally

<https://www.healthpromotingcampuses.org/okanagan-charter/>

A similar approach can be useful to address Mental health crisis

- Mental health on campus, is a large scale community wide problem beyond any single unit or department.
- One approach to address this type of problem is through a “Culture of care”, that mental health on campus is everyone’s responsibility— faculty, students, staff, administration, leadership, community, parents, etc: everyone has a role on campus mental health.
 - A collective approach towards campus mental health

Strategies to address the crisis: Leadership/administration

- Setting the culture and expectations, turnover/burnout
- Student recruitment, expectations
- Chief employee wellness officer → Student health wellbeing AVP.
- Staffing 1:1400 AUCCD data (based on older data, prevalence today is much higher)
 - Outsourcing capacity options when staffing options are limited: Betterhelp, Talkspace, MD live, Talkiatry, etc.
 - A centralized site (mental health support options)
 - Unified messaging across units
 - Large scale mental health support options—as students are more tech savvy, and are wanting on demand services
 - Community partnerships (for mental health promotion and disease treatment)

Strategies to address the crisis: Leadership/Administration Programming

- Leading by example on wellness/mental health promotion:
 - Impact of you doing it, and talk about it, promote it, etc.
 - Cross Promotion: Blog/social media → micro skills, campus specific proactive content calendar
- Academic calendar, instructional breaks
- Nature, walking paths, study space
- Outreach/wellness programs: Micro-interventions and information

Large scale computer assisted therapies that can be deployed to the entire campus population

Advantages

Scale: can reach a large number of students, potentially every student could use a service at the same time

Cost effective

Relative efficacy

Convenience (anytime anywhere)

Good for the basics

Stand alone or adjunctive (between sessions) with in human therapy and psychiatry/medication management

Self paced modules/homework format.

Can provide/teach a variety of coping skills
Can be general or Disease specific (Anxiety, stress, depression, insomnia, emotional support, etc)

Marginalized communities (study)

Disadvantages

Some programs are expensive

Some programs have limited evidence of efficacy

Complex problems, co morbid conditions

Treatment resistant cases

Some students may do better with in person therapy

Some students may respond to other therapeutic modalities (non cbt treatment). IPT, trauma focused, RET, etc.

Therapy modality efficacy may not translate to computerized program efficacy.

Variable terminology → lit review challenges.

Not necessarily directly decrease demand for individual counseling, but can potentially provide some support to everyone; may decrease overall health burdeon.

- More organizations are adopting officers/directors of mental health technologies, digital therapeutics that are deployed to entire populations served

Table 1 CCBT programs with multiple randomized, controlled trials

From: [Computer-Assisted Cognitive-Behavior Therapy and Mobile Apps for Depression and Anxiety](#)

CCBT program	Primary application	Link
Beating the Blues [16 , 17 , 18]	Depression	https://www.beatingthebluesus.com/
Deprexis [25 , 26]	Depression	https://us.deprexis.com/
FearFighter [27 , 28]	Anxiety – Panic/Phobia	http://fearfighter.cbtprogram.com/
Good Days Ahead [1 •, 23]	Depression	http://www.empower-interactive.com/solutions/good-days-ahead/
Mood Gym [18 , 19 , 20 , 21 , 22]	Depression	https://moodgym.com.au/
Sadness Program [29 , 30 , 31 , 32]	Depression	https://www.c4tbh.org/program-review/the-sadness-program/
Shyness Program [33 , 34 , 35]	Social Anxiety	https://thiswayup.org.au/how-we-can-help/courses/social-phobia/
Worry Program [36 , 37 , 38]	Generalized Anxiety Disorder	https://thiswayup.org.au/how-we-can-help/courses/generalised-anxiety-disorder/

Table 2 Mobile apps for depression and anxiety

From: [Computer-Assisted Cognitive-Behavior Therapy and Mobile Apps for Depression and Anxiety](#)

Wright, J.H., Mishkind, M., Eells, T.D. et al. Computer-Assisted Cognitive-Behavior Therapy and Mobile Apps for Depression and Anxiety. *Curr Psychiatry Rep* 21, 62 (2019). <https://doi.org/10.1007/s11920-019-1031-2>

Mobile app	Features	Source	Links/availability
Breathe2relax	Breathing exercises	United States Department of Defense	https://www.hprc-online.org/resources/breathe2relax-app
Calm	Soothing music and photos, meditations, calming stories	Calm.com	http://www.calm.com
Day to Day	Daily tips on CBT skills such as challenging negative thoughts and behavioral activation	Intellicare Northwestern University	https://intelligare.cbits.northwestern.edu/app/day-to-day
Headspace	Mindfulness	Headspace.com	https://www.headspace.com/headspace-meditation-app
My Mantra	Create a mantra	Intellicare Northwestern University	https://intelligare.cbits.northwestern.edu/app/mantra
Positive Activity Jackpot	Behavioral Activation	United States. Department of Defense	https://www.hprc-online.org/resources/positive-activity-jackpot-app
PSTD Coach	CBT methods	United States Department of Defense	https://mobile.va.gov/app/ptsd-coach
T2 Mood Tracker	Mood monitoring	United States Department of Defense	https://www.hprc-online.org/resources/t2-mood-tracker-app
Thought Challenger	Modifying negative thoughts	Intellicare Northwestern University	https://intelligare.cbits.northwestern.edu/app/thoughtchallenger
Virtual Hope Box	self care, distraction techniques, crisis management plan, positive affirmations	United States Department of Defense	https://www.research.va.gov/research_in_action/Virtual-Hope-Box-smartphone-app-to-prevent-suicide.cfm

Some examples of large scale technology based programs for campus mental health

SilverCloud - An online, interactive mental health resource provides students with cognitive behavioral skills and strategies, accessible 24/7. SilverCloud can be either self-guided or used with the support of a coach. SilverCloud does not require a referral and you can start right now.

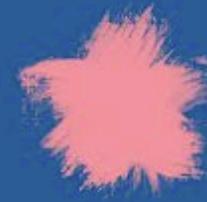
Program for everyone

Programs spanning wellbeing and mental health to provide a full toolkit of resources and support to meet members where they are.

24/7 access, via app, tablet or desktop



Depression



Anxiety



Depression and Anxiety



Stress



**Space from
COVID-19**



Sleep



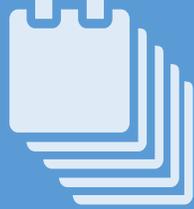
Resilience



30+

Global Mental Health Programs/ Therapy Areas

SilverCloud born in Trinity College



18+

Years of Research and Evidence



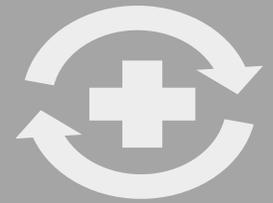
Up to **65%**

Significant Clinical Change



600k+

Active Users



300+ Clients

7m+ Clinical Interactions

Numerous Awards

Deloitte - Fast 50, 6 consecutive years
Deloitte – Impact Award
Accenture – Intelligent Automation
TripleTree – Improving Consumer HC
Leading HC – Innovation of the Year

1/4

Of Company Clinical Research Focused



Users maintain gains for more than

12 months

75%

NHS

NHS IAPT services



Major employers and insurers



Innovation, Outcomes, Scalability, Experience

• Real World Results: Clinical Outcomes at All Severity Levels

GAD7 (Anxiety Score)		PHQ9 (Depression Score)																													
		Subclinical Range																													
		Minimal					Mild					Moderate				Moderately Severe				Severe											
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27		
Subclinical Range	Minimal	0	0.3%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		1	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		2	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		3	0.1%	0.2%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		4	0.1%	0.2%	0.3%	0.4%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Mild	5	0.1%	0.1%	0.3%	0.4%	0.5%	0.6%	0.6%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		6	0.1%	0.1%	0.2%	0.4%	0.5%	0.6%	0.7%	0.7%	0.6%	0.5%	0.4%	0.3%	0.3%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		7	0.0%	0.1%	0.1%	0.2%	0.3%	0.5%	0.6%	0.7%	0.8%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		8	0.0%	0.0%	0.1%	0.2%	0.3%	0.3%	0.4%	0.5%	0.6%	0.6%	0.6%	0.6%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		9	0.0%	0.0%	0.1%	0.1%	0.2%	0.3%	0.4%	0.5%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Moderate	10	0.0%	0.0%	0.1%	0.1%	0.2%	0.3%	0.3%	0.4%	0.5%	0.6%	0.6%	0.6%	0.5%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		11	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.3%	0.3%	0.4%	0.5%	0.5%	0.6%	0.6%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		12	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.2%	0.3%	0.4%	0.4%	0.5%	0.6%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		13	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.4%	0.4%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	
		14	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	
	Severe	15	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.5%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	
		16	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	
		17	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	
		18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.0%	0.0%	
		19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.1%	0.1%	0.0%	
		20	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	
21		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.4%	0.3%	0.2%	0.2%		

• Real World Results: Clinical Outcomes at All Severity Levels

User: n=235,207

PHQ9 (Depression Score)

GAD7 (Anxiety Score)

		Subclinical Range																												
		Minimal					Mild					Moderate				Moderately Severe				Severe										
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
Subclinical Range	Minimal	0	2.5%	0.8%	0.6%	0.3%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		1	0.7%	0.8%	0.8%	0.6%	0.4%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		2	0.5%	0.8%	1.0%	0.9%	0.6%	0.4%	0.3%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		3	0.4%	0.6%	1.0%	1.1%	1.0%	0.7%	0.5%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		4	0.3%	0.5%	0.8%	1.1%	1.2%	1.0%	0.8%	0.5%	0.4%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Mild	5	0.2%	0.3%	0.6%	0.9%	1.2%	1.2%	1.1%	0.9%	0.6%	0.4%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		6	0.1%	0.2%	0.3%	0.6%	0.9%	1.2%	1.3%	1.2%	0.9%	0.6%	0.4%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		7	0.0%	0.1%	0.2%	0.3%	0.5%	0.7%	1.0%	1.2%	1.4%	1.2%	0.6%	0.4%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		8	0.0%	0.0%	0.1%	0.1%	0.2%	0.4%	0.5%	0.5%	0.6%	0.6%	0.6%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		9	0.0%	0.0%	0.0%	0.1%	0.2%	0.2%	0.3%	0.4%	0.5%	0.6%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Moderate	10	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.2%	0.3%	0.4%	0.5%	0.5%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		11	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		12	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.3%	0.3%	0.3%	0.4%	0.4%	0.3%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		13	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		14	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
	Severe	15	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		16	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
		17	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
		18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%
		19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%
		20	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%
21		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.4%	0.3%	0.2%	0.4%		

- [Therapy Assistance Online](#) (TAO)
- TAO includes over 150 brief, effective, educational sessions covering over 50 common topics and skills related to mental health, wellness and substance use issues. TAO Includes interactive sessions, mindfulness exercises and practice tools all aimed at helping you achieve your goals.
- <https://us.taoconnect.org/register>.



Personal and Professional development

TAO offers training tools for personal development often valued by employers, ranging from, self awareness as a leader, communication skills and problem solving to mindfulness, journaling and practice tools.



Situational problems and mild concerns

Sometimes we struggle with life problems, TAO has effective single session resources for many of these: procrastination, perfectionism, test anxiety... along with sessions to help evaluate alcohol and drug use and relationship health



Moderate problems

TAO has interactive, engaging short courses (3-4 weeks) for stress management, grief and loss, worry, recovery after break-up, caregiver fatigue, social anxiety, anger conflict and management and others



Severe or chronic problems

TAO includes protocolled treatments using CBT, Behavioral Activation, Acceptance and Commitment Therapy, Motivational Interviewing, Alcohol and drug sessions using both Harm Reduction and abstinence.

89%
TAO User Satisfaction

88%
Found TAO Engaging

90%
Recommend TAO

TAO: PHq9, gad 7, WHO-5 to measure

Multiple Ways to Deliver Content



Individual Self-Directed

TAO self-guided allows you to learn new skills, develop coping strategies, and deal with mental health related struggles in your own time and on your own pace in total privacy.



Group Training

TAO allows you to create your own group: select content, enroll group members, and work through selected content week by week. Groups can range from professional skill development, building resilience, to treating anxiety or depression.



Individual Treatment

TAO is an effective adjunct to mental health treatment. Assign content to individual patients to bridge between sessions and practice skills discussed in sessions. TAO allows the therapist to review patient work in TAO.



Skill Development Program

TAO allows you to create skill development programs for certification or to earn badges in soft skills important to employers.



Treatment Program

TAO content can be used with inpatient or intensive outpatient treatment for mental health or substance use problems and help bridge to less intense outpatient support.



Course Work Embedded

TAO sessions can be used in for credit course work for skill development, building resilience, learning mindfulness and other uses. Instructors can create a course and use the imbedded gradebook.

- TAO research:
- Benton, S.A., Heesacker, M., Snowden, S. & Lee, G. (2016). High-engagement, therapist-assisted, on-line (TAO) psychotherapy for Anxiety in college students: TAO outperformed treatment as usual, *Professional Psychology: Research and Practice*. Oct., 2016.
- Cornish, P. A., Berry, G., Benton, S., Barros-Gomes, P., Johnson, D., Ginsburg, R., Romano, V. (2017). Meeting the mental health needs of today's college student: Reinventing services through Stepped Care 2.0. *Psychological Services*, 14(4), 428-442.
- Heesacker, M., Perez, C., Quinn, M.S., Benton, S. (2019), Computer-assisted psychological assessment and psychotherapy for collegians. *Journal of Clinical Psychology*. Vol. 76 (6), 952-972. - <https://doi.org/10.1002/jclp.22854>
- Travers, M. & Benton, S.A. (2014). The acceptability of therapist-assisted, internet-delivered treatment for college students. *Journal of College Student Psychotherapy*, 28,1.

- [WellTrack](#)
- Suite of online tools and courses that uses aspects of CBT to help you identify, understand and address concerns impacting mental health.
- No published trials yet.
- No satisfaction or outcome measures on the company website yet.

WellTrack provides help for student mental health issues and can be used as a part of your self-help outreach program and as a part of face-to-face therapy.



ASSESSMENT

WellTrack uses the DASS-21. It takes about five minutes to complete this assessment, which is important because students tend to lose interest with longer assessments and drop out. Quick assessments provide students with immediate feedback on their levels of stress, anxiety and depression.



SELF-HELP

Our training modules are focused on the major issues of stress, anxiety and depression. Short training sessions are combined with homework using WellTrack tools (Thought Diary, The Zen Room, MoodCheck, and Activity Scheduler) that are delivered on your smartphone.



VIDEO CHAT

Remote client support allows you to provide students with video therapy sessions or to simply do quick check-ins with your clients.



RESOURCES

Integrate your on- and off-campus resources for academic, financial, health and wellness, substance abuse, safety and security, and sexual violence into WellTrack. Individual students will be recommended a customized suggestion based on which areas they indicate they need more support.



INSIGHTS

View aggregate data on how your student population is benefitting from WellTrack. Get insights that tell you which issues are most prevalent on campus, and how many students have improved their mental health using our self-help programs. Insights also summarize resource use.

Mindfulness

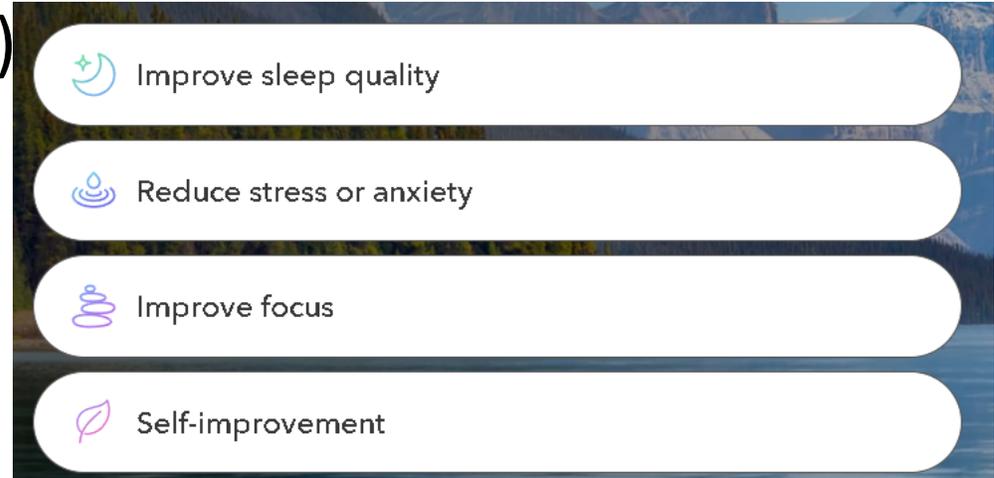
- Mindfulness meditation has been shown to have various mental health benefits.
- A review of 13 studies showed improvement in ADHD symptoms with mindfulness meditation (1).
- 41 trials show mindfulness meditation helped improve stress related outcomes such as anxiety, depression, stress, positive mood, etc. (2)

1. Poissant, H., Mendrek, A., Talbot, N., Khoury, B., & Nolan, J. (2019). Behavioral and Cognitive Impacts of Mindfulness-Based Interventions on Adults with Attention-Deficit Hyperactivity Disorder: A Systematic Review. *Behavioural neurology*, 2019, 5682050. doi:10.1155/2019/5682050

2. Goyal M, Singh S, Sibinga EMS, et al. Meditation Programs for Psychological Stress and Well-Being [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2014 Jan. (Comparative Effectiveness Reviews, No. 124.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK180102/>

Meditation apps that can be made available to the entire campus body

- Calm app (institutional subscription)
- 25 different studies
- More research ongoing
- Also helps with mood.



Headspace

Guide to practicing mindfulness in your everyday life.

“Learn how to relax, manage stress and focus your energy to become more centered and well rested.”

Big health (daylight and sleepio): 13 randomized control trials, 4 guidelines (US and Europe), 28k participants studied.
<https://www.bighealth.com/research/>

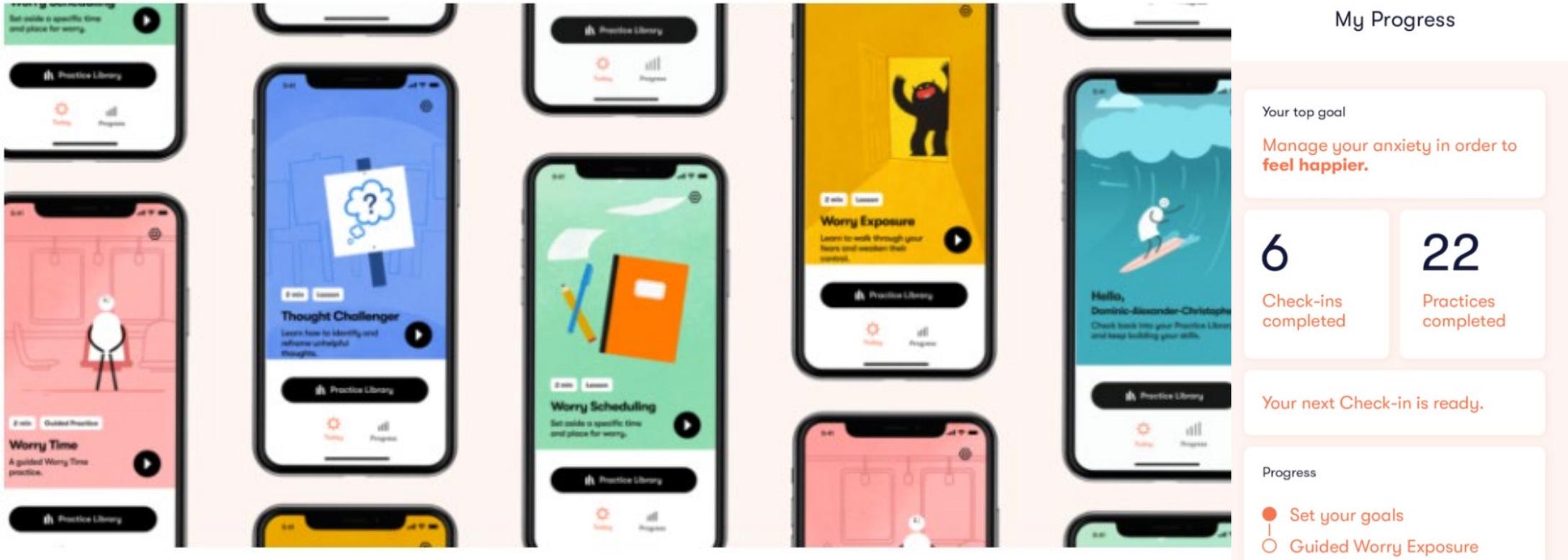
<https://www.bighealth.com/sleepio>

Daylight anxiety app: <https://www.bighealth.com/outcomes>

Demo video: <https://www.bighealth.com/daylight/>

After 10 weeks, 71% of Daylight patients moved from clinical to non-clinical levels of anxiety, as compared to 33% of those in the control group.

Carl, J. R., Miller, C. B., Henry, A. L., Davis, M. L., Stott, R., Smits, J. A., ... & Espie, C. A. (2020). Efficacy of digital cognitive behavioral therapy for moderate-to-severe symptoms of generalized anxiety disorder: A randomized controlled trial. *Depression and Anxiety*, 37(12), 1168-1178.



A 2020 study of Daylight users: 71% reported improvement in anxiety, 57% reported improvement in mood, and 47% reported improvement in insomnia.

Carl, J. R., Miller, C. B., Henry, A. L., Davis, M. L., Stott, R., Smits, J. A., ... & Espie, C. A. (2020). Efficacy of digital cognitive behavioral therapy for moderate-to-severe symptoms of generalized anxiety disorder: A randomized controlled trial. *Depression and Anxiety*, 37(12), 1168-1178.

BetterYou

Digital health coach

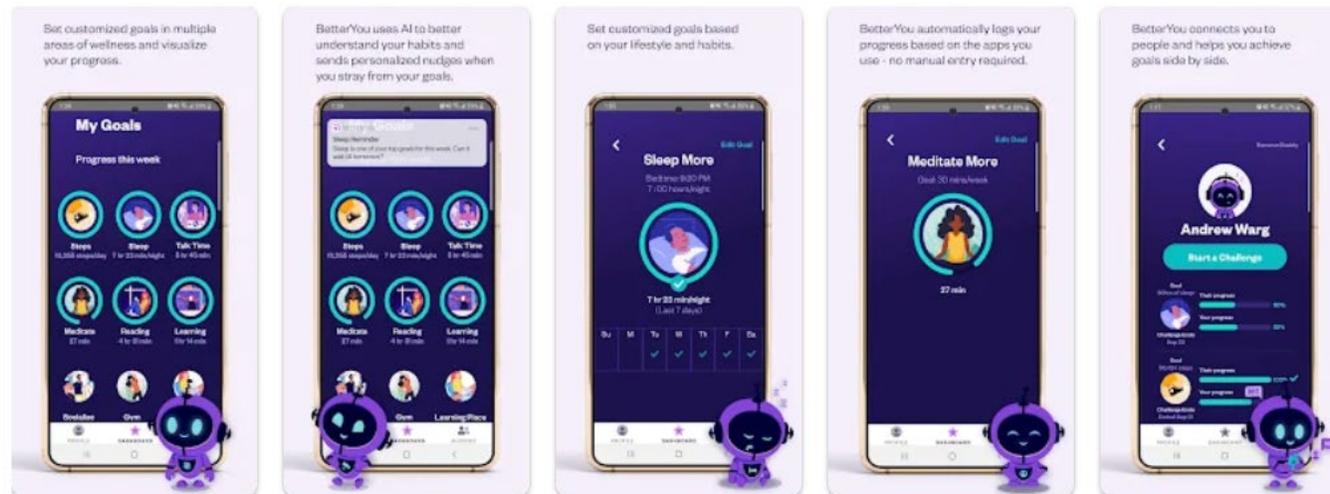
Helps students make better decisions by linking them back to their goals (social, academic, mindfulness)

Examples: getting better sleep, study goals, being more social, etc.

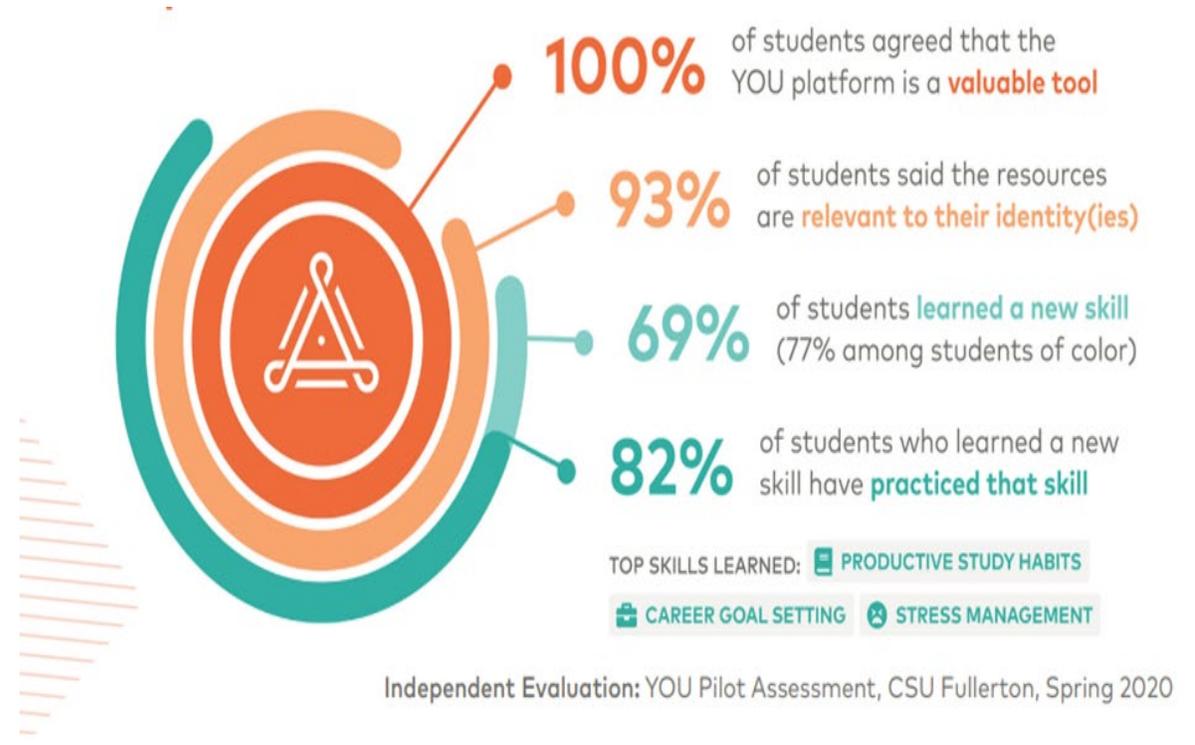
It coordinates with apps like Calm and Headspace and helps work towards your meditation goals.

It also has a spirituality section on which can include any popular religious apps.

Cost: rewards coupons, privacy, etc.



YouatCollege: 200+ campus partners, 2500+ pieces of content: self assessment, goal setting, skill building, connect to campus partners, normalizes and personalizes wellbeing, integrates student posts and connect to campus resources.



MINDSTRONG™

- Developed at tOSU
- Build coping skills and improve your resiliency to help you deal with stress, anxiety or depressed mood.
- Nearly 20 different research studies show that this evidence-based, cognitive-behavioral skills-building program to help reduce stress, anxiety and depression while improving healthy lifestyle behaviors.
- Studies are ongoing.

TogetherALL

Togetherall is a safe, online community to share feelings anonymously and get support to improve mental health and wellbeing.

In the community people support each other, safely monitored by licensed and registered mental health practitioners.

Variety of affinity groups provided.

Recently, announced partnership to integrate into Anthem Student Advantage Health plans.

<https://togetherall.com/en-us/>

Demo:

SKY Campus Happiness

- A comprehensive biopsychosocial program tailored for university populations—students, faculty, and staff—offered by the International Association for Human Values and Art of Living Foundation and designed by Sri Sri Ravi Shankar.
- Bringing meditation, breathwork, emotional intelligence, social connection, and service leadership to college students, faculty and staff.
- <https://www.skycampus happiness.org/>

Our Approach

The Latest on SKY

Forbes
[How To Decrease Back To College Anxiety](#)

YALE
[Research from Yale University on SKY Breath Meditation](#)

Harvard Business Review
[Why Breathing Is So Effective at Reducing Stress](#)

POPSUGAR.
[You Need to Try SKY Breath Meditation](#)

yoga journal
[Can Yoga Fix the College Mental Health Crisis?](#)

OSU:
Silvercloud
Mindstrong
Headspace
Mental Health skills videos (internally developed)
OSU Wellness App
Sleep, Exercise strategies for mental health
Food strategies for depression, anxiety, focus
Digital wellness
Student wellness center (wellness coaching, workshops)
Emotional fitness blog

OSU Wellness App

- Students can use the app to create their own “wellness plan” and access timely content, such as advice for managing stress during final exams. They can also connect with friends to share articles and set goals—for instance, challenging a friend to attend two yoga classes every week for a month. OSU’s apps had more than 240,000 users last year.

Life behaviors and mental health

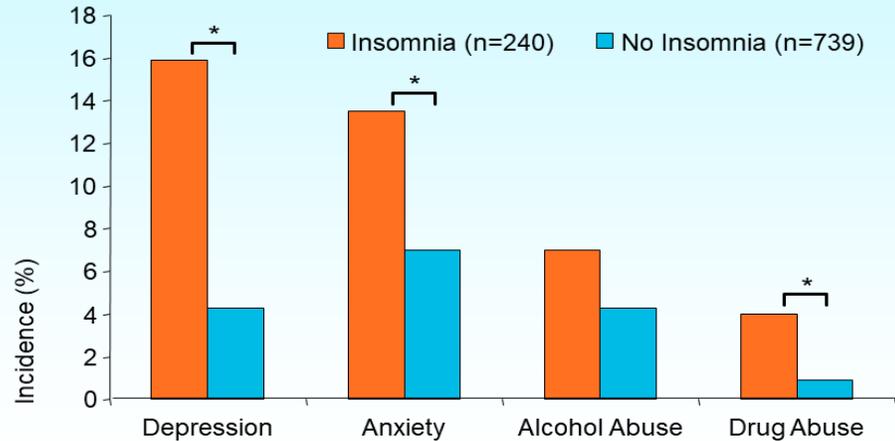
- Large and growing research showing the role of nutrition, exercise, sleep behaviors and mental health.
- A significant area of deficit for a large number of college students
- Can help or worsen anxiety, depression
- Natural student interest in using this approach
- Wellness: exercise, sleep, nutrition for mental health programs at scale. Course credit? (Example: My workshop program)
 - Students are provided with a 1 hour education session on the connection, foods to avoid/increase, problem solving.

- Rec sports pickup, league play, campus events and resources
- Pet therapy

Wellness programs targeting Insomnia

Insomnia Is a Risk Factor for Psychiatric Disorders

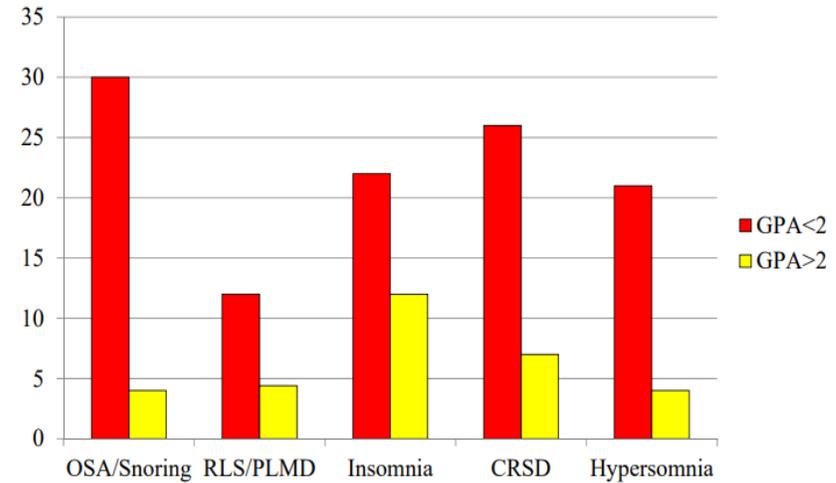
Incidence (%) over 3.5 years



*95% CI for odds ratio excludes 1.0.
Breslau N, et al. 1996

Insomnia Is a Risk Factor for Psychiatric Disorders

Academic Failure GPA<2.0



Gaultney JF. The prevalence of sleep disorders in college students: Impact on academic performance. *J Am Coll Health*. Sep-Oct 2010;59(2):91-97.

https://www.webedcafe.com/extern/program_media/mededcafe.com/2018/sleep/roth_insomnia/figure.php?present=roth_insomnia&lang=EN&figure=10

On Demand services

- [Mental Health Strategies Series](#) – A series of short videos focused on skills and strategies for improving mental health.
- Blog (next slide)

Emotional Fitness blog

u.osu.edu/emotionalfitness

On dept website, OSU social media

Approaching 100,000 page views

Also posted on other OSU social media, parents page, wellness app, etc

The screenshot shows the homepage of the Emotional Fitness blog. At the top, there is a red header with the OSU logo and the text "THE OHIO STATE UNIVERSITY" and "EMOTIONAL FITNESS Tips and Skills for Mental Health". Below the header, the word "HOME" is centered. On the left, there is a circular badge for "21 December 2022". The main article is titled "Mindfulness meditation vs escitalopram for anxiety". The article text discusses the benefits of mindfulness meditation for mental health, specifically mentioning a review of 13 studies showing improvement in ADHD symptoms and a review of 14 clinical trials showing meditation being more effective than relaxation techniques for anxiety. It also mentions a recent study comparing MBSR to Lexapro. The article is structured with sub-headers: "Who was in the study? (4)", "How was anxiety measured (4)?", "What was the intervention? (4)", and "What were the results? (4)". On the right side, there is a "SUBSCRIBE BY EMAIL" section with a text input field and a "Subscribe" button. Below that is a "CATEGORIES" section with a list of links to various topics such as Academic Performance, Addiction, ADHD, Alcohol, Altruism, Anxiety, Apps for Mental Health, Brain Health, Bullying, Caffeine, Cannabis, Cannabis and mental health, COVID, Depression, E Sports and mental health, Energy Drinks, Exercise and mental health, Graduate Student Mental health, Health Insurance, Inattention, Injury and Mental Health, Insomnia, Isolation, Leisure, Loneliness, Male Mental Health, Media, Medication, Memory, Mental Health Treatment Options, Nature and Mental Health, Nutrition depression, Nutrition mental health, Parents, and Productivity.

- [Wellness Coaching](#) takes a positive approach to personal development, focusing on your strengths and using the Ten Dimensions of Wellness model as a framework for generating goals that are meaningful for students. (Staff and/or peer led)

Strategies to address the crisis: Campus community

- Community resources page, partnering with community organizations
- Collaborative relationship (trainings, process/flow meetings, demand communication)
- AOD/vendors/options/permitting

Strategies to address the crisis: Faculty

- In class 2-3 minute Mental health moments, gratitude/mindfulness exercise, positive imagery, words of inspiration/encouragement, humor
 - <https://wexnermedical.osu.edu/integrative-health/resources/mindfulness-practices>
- Timing of exams
- Collaborating with other faculty regarding online/cancel class strategically
- Instructional breaks
- Tone of interactions with students: verbal and electronic
- Advisors

Syllabus statements

- Sets the tone, procedure, expectations ahead of time, impacts student mindset and perception
- Example,
- “As a college student, there may be times when personal stressors interfere with your academic performance and/or negatively impact your daily life. If you or someone you know is experiencing mental health challenges at Caldwell University, please contact Counseling Services located within the Wellness Center on the 2nd floor of the Newman Center or call 973-618-3307. Their services are free and confidential. In a crisis situation, contact Campus Safety and Security at 973-618-3289 or the Police at 911. The New Jersey Hopeline also offers a 24-hour hotline at 855-654-6735.”
- <https://www.smith.edu/sites/default/files/media/Office%20Images/Sherrerd%20Center/Sample%20of%20Mental%20Health%20Statements%20for%20Syllabi.pdf>

Examples of syllabus statements

- <https://provost.uoregon.edu/syllabus-guidelines>
- Gurung RAR, Galardi NR. Syllabus Tone, More Than Mental Health Statements, Influence Intentions to Seek Help. *Teaching of Psychology*. 2022;49(3):218-223. doi:[10.1177/0098628321994632](https://doi.org/10.1177/0098628321994632)
- https://www.geneseo.edu/health/mentalhealth_syllabi
- <https://suicideandmentalhealth.osu.edu/articles/ohio-state-offers-suggested-mental-health-statement-for-course-syllabi-august-13-2019/>
- <https://www.union.edu/academic-affairs/policies-forms/examples-mental-health-and-campus-resources-statement-syllabus>
- <https://www.jcu.edu/student-life/wellness/ucc-university-counseling-center/syllabus-statement-student-mental-health>
- <https://www.smith.edu/sites/default/files/media/Office%20Images/Sherrerd%20Center/Sample%20of%20Mental%20Health%20Statements%20for%20Syllabi.pdf>

Don't Cancel That Class!

<https://swc.osu.edu/presentations-and-trainings>

- Are you (faculty) expecting to miss one or more classes this semester due to a previously scheduled personal or professional engagement?
- Don't Cancel that Class! The Student Life Student Wellness Center would be happy to take advantage of your class time to provide health and wellness education to your students.
- Wellness topics such as budgeting and finances, stress management, body image and nutrition, sexual health, alcohol and other drugs, and more!
- 1 hour presentations
- *Attendees of a Student Wellness Center Presentation or Training will:*
- Be able to identify, understand and access resources provided by the Student Wellness Center
- Be able to identify wellness resources on campus and within the community
- Attain an understanding of holistic wellness
- Be provided the tools to develop a skill to create habits / behaviors that enhance their wellness
- Attain an understanding of the relationship between wellness and personal growth

Strategies to address the crisis: Staff

- Informational outreach → Interventional outreach, culture of care (consistent messaging and language across campus units and community), system of resources (MH options page)
- Life skills programming (nutrition, sleep, exercise, digital wellness, aod education and prevention, etc.)
- Anonymous screening and referral, data driven

Academic advisors

ACHA-NCHA III spring 21:

50% of students reported that academics caused them “high distress” and 39% reported it caused them “medium distress” in 12 months

Reasons for meeting with academic advisor: 32% “overwhelming”, 21% “stress”, 3 % “anxiety”

“If you had a mental health problem impacting academic performance, which people at school would you talk to? Academic advisor ~25%, faculty ~4%, Dean ~4%, Professor 14%, Staff 12%

- Gatekeeper training for faculty, advisors, students, and staff:
- Provides basic skills for supporting people with mental health and substance use issues and referring them to the appropriate resource.
 - Examples: Mental health first aid, qpr, REACH, etc.

Strategies to address the crisis: Student body

- Gatekeeper training, peers reaching out.
- Sky yoga
- Peer support program: PAL, chat
- MH ambassador program
- Wellness peer coaching: nutrition, exercise, goalsetting
- Workshop facilitators wellness programs and MH outreach, automation.
- **Fresh Check Day**[®] is an uplifting mental health fair that includes peer-run interactive booths, free food, music, and exciting prizes and giveaways. "You can save a life with this program" 82% of students who attend **Fresh Check Day** say they are more likely to ask for help.
<https://freshcheckday.com>

Strategies to address the crisis: Parents

- Proactively Educating on:
 - Health insurance: proactive parent education
 - Baseline mental health needs
 - MH services in and around community
 - College preparedness (life style, self efficacy, etc.)
 - Student/college fit (beyond academics)
 - Autonomy/support balance
 - Supporting the students nutrition and life behaviors
 - Expectation management of the student, campus, and community
 - Periodic visits, supportive communication
 - Health and wellness: being a model

Conclusions

- Campus mental health is not limited to one specific department or unit, it is everyone's responsibility → collective impact to address the large-scale problem.
- This presentation shows examples of how everyone can contribute positively to impact campus mental health
- Next level approach is the entire system working together, complementing each other to maximize positive impact
- Follow up: patel.2350@osu.edu

Thank You!

Addressing the Mental Health Crisis on College Campuses:

Practical Strategies For Higher Education Leaders

To learn more about LeaderU, visit our higher ed section at www.franklincovey.com or email educate@franklincovey.com.

